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SIXTY-SEVENTH ANNUAL REPORT

OF

THE TRUSTEES

OF THE

WORCESTER INSANE HOSPITAL,

AND

TWENTY-SECOND ANNUAL REPORT OF THE TRUSTEES

OF THE

WORCESTER INSANE ASYLUM AT WORCESTER,

FOR THE

YEAR ENDING SEPTEMBER 30, 1899.

BOSTON:
WRIGHT & POTTER PRINTING CO., STATE PRINTERS,
18 POST OFFICE SQUARE.
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Mass.: Worcester state hospital

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OFFICERS OF THE HOSPITAL.

TRUSTEES.

THOMAS H. GAGE,	WORCESTER.
GEORGE W. WELLS,	SOUTHBRIDGE.
ROCKWOOD HOAR,	WORCESTER.
—— ——,	——
SARAH E. WHITIN,	WHITINSVILLE.
FRANCES M. LINCOLN,	WORCESTER.
SAMUEL B. WOODWARD,	WORCESTER.

RESIDENT OFFICERS.

HOSEA M. QUINBY, M.D.,	*Superintendent.*
ALFRED I. NOBLE, M.D.,	*Assistant Superintendent.*
ADOLF MEYER, M.D.,	*Assistant Physician and Director of Laboratory.*
REVERE R. GURLEY, M.D.,	*Assistant Physician.*
WALTER D. BERRY, M.D.,	*Assistant Physician.*
MARGARET A. FLEMING, M.D.,	*Assistant Physician.*
THOMAS VAN URK, M.D.,	*Junior Assistant.*
OTTO P. GEIER, M.D.,	*Junior Assistant.*
DAVID R. TALBOTT, M.D.,	*Junior Assistant.*
FRANK T. BUDD, M.D.,	*Junior Assistant.*
THOMAS T. SCHOULER,	*Steward.*
LILA J. GORDON,	*Matron.*
S. JOSEPHINE BRECK,	*Clerk.*
JOSEPH F. REYNOLDS,	*Farmer.*

NON-RESIDENT OFFICERS.

ALBERT WOOD,	*Treasurer.*
GEORGE L. CLARK,	*Auditor.*
ALVAN G. LAMB,	*Engineer.*

Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester Insane Hospital respectfully present their sixty-seventh annual report, it being for the year ending Sept. 30, 1899.

That provision of the Public Statutes which requires the trustees to submit annually "for the use of the government" a "particular statement of the condition of the hospital and all its concerns" might perhaps in the present instance be fully complied with by referring all persons desirous of such information to the accompanying reports of the treasurer, superintendent and pathologist, and to the annexed carefully prepared tables. It is believed that these furnish, in concise, convenient and accessible form, all the information concerning the institution's affairs which the statutes either contemplate or specifically require. A very few words, therefore, on the part of the Board, by way of explanation, and of directing attention to some matters that seem more particularly deserving of notice, will be all that the occasion demands.

During the year, the infirmary wards, the new kitchen and the boiler house, and the rearrangement of the steam heating of the building, all of which have been fully described in the superintendent's previous reports, and for all of which, except the rearrangement of the steam ducts, legislative appropriations have been made, have been finished and furnished and equipped for service, and are now in use.

Exteriorly, the infirmary wards, in material and design, harmonize with the general architectural plan of the building

and add to rather than detract from its attractive features. Interiorly, the plan is admirable and the general effect pleasing. High studded, bright, sunny, roomy, with abundant air space for the ten occupants, and a surpassingly lovely outlook, the general ward leaves nothing to be desired, and equally perfect in every detail are the private rooms and all the accessory arrangements.

One passing through sees almost nothing to remind him that he is in an insane hospital, and might easily persuade himself that he was visiting one of the newest and best wards of Roosevelt, or the Massachusetts General Hospital.

The completion and occupation of these wards are interesting, and, it is believed, very significant events in the history of this institution. They mark the first step towards the adaptation of the best general hospital methods to the treatment of the inmates. Henceforth, at least a hundred of the patients will have the advantage of skilful nursing, and will be under the constant supervision of trained observers. Facts daily and almost hourly recorded at the bedside will aid the physicians in their practical duties, and facilitate their study of disease. The trustees anticipate far-reaching beneficial results from this experiment.

By a vote of the trustees, the new male ward has received the name of Thayer, in memory of valuable services rendered the hospital during many years by Prof. James B. Thayer of Cambridge; and the new female ward that of Folsom, as a slight evidence of the high regard in which the remembrance of Miss Anna S. Folsom's short but pleasant connection with the hospital is held.

In this connection the Board desires to acknowledge, and to direct particular attention to, the great advantages which have resulted and are likely in the future to result to the hospital from the reorganization of the medical service. It is not, however, thought necessary to describe here in detail the objects and methods of the new system, because this has already been fully and admirably done by Dr. Quinby in the reports of previous years; nor yet to attempt a statement of its underlying principles, which, after the exceedingly able and interesting paper of Dr. Meyer, published in the report of 1898, would be quite superfluous. It is only the Board's desire to point out and bear testimony to the inspiring effect of

the new departure, and to call attention to the fact that, as a result, a scientific spirit and *atmosphere*, so to speak, pervade the house. It is easy for even a casual observer to see that individual cases receive a larger share of professional attention than formerly; that observations are systemized and more exact; and that all this, though primarily intended to benefit the patient by making clearer the indications for treatment, is done also with a view to the collection of material for the advancement of science. And it is pleasant to note the fact that experience gathered here has already begun to be available for the latter purpose. Several very valuable papers, and communications to scientific journals, in which observations made here have been utilized, have already appeared from the pen of Dr. Meyer. It is, indeed, not an exaggeration to say that the trustees feel themselves justified in anticipating and promising the most important results, not only for their patients, but for the advancement of this particular department of medical science, from Dr. Meyer's connection with the institution.

The new kitchen, the providing of which had become an imperative necessity, is a model of convenience and of adaptation to the purposes for which it has been built. No needful or desirable appliance is wanting. It will immensely facilitate and expedite the daily feeding of the hospital's great household. And so of the new boiler house and the rearrangement of the steam mains; these are notable improvements. Taking the latter out of the trenches where they have lain for twenty-two years, and carrying them, open to view, through the air ducts, which have been deepened for the purpose, is a great and obvious advantage. There is every reason to believe that the lowering of the battery of boilers and the relocating of the steam mains will not only make the circulation of steam more perfect, but economize the cost of heating.

Of the extension of the chapel wing, which has been planned to increase the accommodations for employees, and for which the last Legislature made an appropriation of $40,000, it can only be reported that the work is progressing, but is yet uncompleted. It could not be begun until the new kitchen was finished, because it occupies ground which was covered by the old. As soon as opportunity offered, however, work was begun and has since gone on uninterruptedly. The foundations are in,

the basement is finished, the new air duct for the steam main, connecting with the fan tower, is done, and the walls have begun to rise. Whether it can be completed with the unexpended balance of the appropriation, however, under the changed conditions in the cost of all building materials, remains to be seen. The trustees as well as the superintendent, have grave fears that it cannot be. It is, indeed, quite certain that it cannot be, and, moreover, that its completion will either make necessary a further appropriation by the Legislature, or require a use, for the purpose, of the current funds of the hospital as they gradually reaccumulate. The trustees very much regret the necessity of adopting either alternative, but especially the latter. It has long been their policy to maintain a moderate surplus of earnings, with which to meet contingencies, provide promptly for repairs, take advantage of markets in the purchase of supplies, etc.; and they cannot look with favor upon its use for expenditures which, in their judgement, should be borne by the Commonwealth. They regret the inadequacy of the legislative appropriations of the past two years, which have already compelled them to draw very heavily upon this reserve to meet the cost of the large operations in which the hospital has been so much interested. The treasurer's report shows that within two years almost $40,000 from these earnings has gone into permanent improvements, and that the surplus now on hand is only about $5,000. Such a reduction for such a purpose, necessary as it has seemed to be, they cannot but disapprove. When both Dr. Quinby and Dr. Meyer are repeatedly reminding them of the great need of more medical help to carry on the work of the reorganized medical service, and of additional equipment for the laboratory, they cannot but regret the diversion of the means upon which they would ordinarily rely for meeting these needs. It is quite probable that the circumstances alluded to will compel the Board to ask again for legislative assistance to complete this chapel wing extension.

But whether or not an appropriation is asked for to finish the wing, it is quite certain that sooner or later one will be asked for to build a nurses' home. The need for trained nurses has been frequently alluded to in these reports, and has now, with the completion and occupation of the infirmary wards, become imperative. To get with untrained attendants

the full benefits these magnificent wards are capable of giving, is impossible. A grand general ward without trained nurses is in these days a marked inconsistency. Trained nurses, then, must be had; and if trained nurses, then a training school to educate them; and if a training school, then a nurses' home, to which, when off duty in the wards, the pupils can resort for rest, recreation and study. A building for such a purpose, a little apart from the hospital and yet near by, will have to be provided.

Referring to the treasurer's report, it will be observed that several small invested funds are separately accounted for, of one or two of which, so far as the writer is aware, no explanation has hitherto appeared. The hospital library fund, which was constituted twenty years ago by a consolidation of the Lewis and Wheeler funds, and which has proved an exceedingly valuable foundation, has been frequently alluded to and is well understood. The Manson fund has resulted from a legacy contained in the will of Jane E. Manson of Rhode Island. The sum of nearly $1,000 was received from her executor several years ago, and was without special conditions. The trustees have made it a separate and permanent fund, and have hitherto appropriated the income to the furnishing of bookcases for the wards. The lawn fund has been established by appropriating for the purpose the proceeds of the sale of wood and timber from the lot at the rear of the building. It is a permanent deposit in the Worcester Mechanic's Savings Bank, and the income only is devoted to the care and improvement of the grounds.

It will be seen that the land account grows smaller every year. It will soon disappear from the reports entirely. The land of the old hospital farm, which the trustees, by special act of the Legislature, were directed to sell, has been nearly all disposed of, only one or two building lots remaining.

The hospital officials, while necessarily more or less absorbed in duties connected with the great and costly improvements which have been going on under the patronage of the Legislature, have neither forgotten nor neglected other important matters. The buildings have been kept in excellent repair; the farms both in Worcester and Shrewsbury have been well managed and made productive and profitable; the grounds

have been kept in good order, and have been embellished by moderate expenditures; the comforts and welfare of the patients have been assiduously provided for; and the results of treatment have been kept up at least to the standard of former years. There has been no epidemic sickness and no accident. The year has been prosperous.

There has been but a single change in the permanent official force of the institution since the last report. Mr. Thomas T. Schouler, who for several years has very acceptably filled the office of steward, left the hospital in September to take a more lucrative position at the City Almshouse. The Board accepted his resignation with regret.

In closing their report, the trustees avail themselves of the opportunity to record anew their very high appreciation of the services rendered the institution by the superintendent, the assistant superintendent, and the director of the laboratory. Nor would they fail to acknowledge their indebtedness to the subordinate officials who have in any capacity contributed to the successes of the year. The State that can continuously command such service for its unfortunate wards is to be congratulated.

Respectfully submitted,

THOMAS H. GAGE.
GEORGE W. WELLS.
ROCKWOOD HOAR.
SARAH E. WHITIN.
FRANCES M. LINCOLN.
SAMUEL B. WOODWARD.

WORCESTER, MASS., Sept. 30, 1899.

VALUE OF PERSONAL ESTATE.

Sept. 30, 1899.

Live stock on the farm,	$10,235 00
Produce of the farm on hand,	12,000 00
Carriages and agricultural implements,	6,780 00
Machinery and mechanical fixtures,	29,992 25
Beds and bedding in inmates' department,	31,994 22
Other furniture in inmates' department,	24,053 89
Personal property belonging to the State in superintendent's department,	27,393 67
Ready-made clothing,	1,504 72
Dry goods,	923 66
Provisions and groceries,	2,344 19
Drugs and medicine,	900 00
Fuel,	758 00
Library,	4,700 00
Other supplies undistributed,	5,575 05
Pipes and radiators in hospital,	39,700 00
Boiler pipes and radiators in farm-house,	2,700 00
Total,	$201,554 65

TREASURER'S REPORT.

To the Trustees of the Worcester Insane Hospital.

I herewith submit my annual report on the finances of the Worcester Insane Hospital for the year ending Sept. 30, 1899: —

RECEIPTS.

Cash on hand Sept. 30, 1898,	$25,314 33
Received of the Commonwealth for support of patients,	41,170 72
of cities and towns for support of patients,	86,307 93
of individuals for support of patients,	48,765 20
for interest, sale of produce, etc.,	5,822 37
from J. W. Bishop Company, contractor, for plumbing infirmary wards,	6,000 00
belonging to patients,	1,533 84
	$214,914 39

The expenditures for the year have been as follows: —

Salaries and wages,		$63,921 96
Provisions and supplies, viz.: —		
Meat of all kinds,	$14,489 29	
Fish of all kinds,	2,932 39	
Fruit and vegetables,	4,846 55	
Flour,	3,907 30	
Grain and meal for table,	608 00	
Grain and meal for stock,	5,414 42	
Tea, coffee and chocolate,	1,608 84	
Sugar and molasses,	4,095 20	
Butter and cheese,	9,768 70	
Salt and other groceries,	4,839 49	
All other provisions,	1,603 50	
Total for provisions and supplies,		54,113 68
Clothing,	$8,046 94	
Fuel,	9,167 49	
Lights,	4,888 14	
Water,	3,262 87	
Amounts carried forward,	$25,365 44	$118,035 64

Amounts brought forward,		$25,365 44	$118,035 64
Medicine and medical supplies,		2,193 67	
Furniture, beds and bedding,		8,702 97	
Transportation,		428 98	
Ordinary repairs,		9,724 24	
Trustees' expenses,		42 58	
Pathological department,		1,108 25	
All other current expenses,		9,731 97	
			57,298 10
Total current expenses,			$175,333 74
Extraordinary expenses: —			
Water sections,	$156 39		
Plumbing, furnishing and painting new infirmary wards,	11,485 47		
Piping, painting, slate floor, furnishings, etc., for new kitchen,	11,500 73		
Refrigerator,	2,017 12		
Telephone system,	271 60		
Tramway,	108 30		
Boiler house,	6,929 37		
		$32,468 98	
Undertaking,	$190 00		
Cash refunded,	14 28		
Cash refunded patients (on deposits),	1,120 20		
		1,324 48	
Total extraordinary expenses,			33,793 46
			$209,127 20
Cash on hand Sept. 30, 1899,			5,787 19
			$214,914 39

RESOURCES.

Cash on hand,	$5,787 19
Due from the Commonwealth for board, etc.,	11,357 82
from cities and towns for board, etc.,	22,281 30
from individuals for board, etc.,	13,237 45
	$52,663 76

LIABILITIES.

Due for supplies and improvements,	$8,773 72	
for salaries and wages,	5,640 00	
to patients (on deposits),	1,619 33	
		16,033 05
		$36,630 71

Respectfully submitted,

ALBERT WOOD,
Treasurer.

SEPT. 30, 1899.

SPECIAL APPROPRIATIONS.

	Appropriation.	Balance Unexpended Oct. 1, 1898.	Expended.	Balance Oct. 1, 1899.
For construction of new infirmary wards, . .	$80,000 00	$22,129 10	$22,129 10	–
Construction of new kitchen, ...	18,000 00	9,590 09	9,590 09	–
Construction of administration building extension, ...	40,000 00	–	4,593 44	$35,406 56

INCOME OF LIBRARY FUNDS.

Lewis Fund.

Cash on hand Sept. 30, 1898, ...	$50 69	
Interest on Springfield bond, ...	70 00	
		$120 69
Rent in State Safe Deposit Company, ...	$5 00	
Deposit in Worcester County Institution for Savings,	20 00	
Expended for books, ...	25 50	
Cash on hand Sept. 30, 1899, ...	70 19	
		$120 69

Wheeler Fund.

Cash on hand Sept. 30, 1898, ...	$59 62	
Dividends and tax rebate, ...	203 74	
		$263 36
Expended for books, ...	$114 85	
Cash on hand Sept. 30, 1899, ...	148 51	
		$263 36

Income of Lawn Fund.

Balance in Mechanic's Savings Bank,	$1,669 00	
Sale of wood,	100 00	
Dividends,	57 04	
		$1,826 04
Landscape gardening,	$250 00	
Balance in bank,	1,576 04	
		$1,826 04

Income of Manson Fund.

Dividends,	$45 21	
		$45 21

Lewis Fund Investment.

Springfield bond,	$1,120 00	
Worcester County Institution for Savings,	160 67	
Cash on hand Sept. 30, 1899,	70 19	
		$1,350 86

Wheeler Fund Investment.

Seven shares Central National Bank,	$910 00	
Three shares Worcester National Bank,	540 00	
Worcester County Institution for Savings,	1,445 86	
Worcester Five Cents Savings Bank,	1,719 49	
Cash on hand Sept. 30, 1899,	148 51	
		4,763 86
Total of library funds,		$6,114 72

Manson Fund.

Worcester County Institution for Savings,	$1,176 18	
		1,176 18

Lawn Fund.

Worcester Mechanic's Savings Bank,	$1,576 04	
		1,576 04
		$8,866 94

Note. — The holding of Worcester National Bank stock was diminished during the year by the reduction of its capital. Six shares were surrendered at $600, three shares were bought at $300, and balance, $300, was deposited in Worcester County Institution for Savings.

Land Account.

Cash on hand Sept. 30, 1898,	$131 13	
For sale of land,	453 69	
		$584 82

EXPENDITURES.

Commission,	$15 00	
Surveying,	7 80	
Revenue stamp,	50	
Making deed,	3 00	
Remitted to State Treasurer,	500 00	
Cash on hand Sept. 30, 1899,	58 52	
		$584 82

Respectfully submitted,

ALBERT WOOD,
Treasurer.

SEPT. 30, 1899.

WORCESTER, MASS., Oct. 19, 1899.

I hereby certify that I have this day compared the treasurer's statement of disbursements for the year ending Sept. 30, 1899, with the vouchers on file at the Worcester Insane Hospital, and find them to agree. I have also inspected the securities representing the invested funds of the institution, and find that their market value is as stated.

GEO. L. CLARK,
Auditor of Accounts.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester Insane Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Sept. 30, 1899, it being the sixty-seventh annual report.

There remained at the hospital Oct. 1, 1898, 874 patients, — 378 men and 496 women. During the year 548 patients — 278 men and 270 women — were admitted; 359 patients — 183 men and 176 women — were discharged; and 60 men and 35 women died, leaving at the end of the official year 968 patients, — 413 men and 555 women. Of this number, 294 were supported by the State, 508 by cities and towns and 166 by friends. Of the 359 persons discharged, 107, including 2 habitual drunkards (women), were reported recovered, 78 much improved, 78 improved and 83 not improved; 13 were discharged not insane. Twelve men and 16 women were removed by the overseers of the poor; 20 men and 23 women were discharged to the care of the Board of Insanity, to be removed from the State; 1 man and 2 women were transferred to the Westborough Insane Hospital; 3 men and 30 women to the Worcester Insane Asylum; 2 men and 1 woman to Tewksbury; 3 men to the Hospital for Epileptics; and 1 woman to the Medfield Asylum. Seven men and 1 woman escaped, and were not returned to the hospital or accounted for at the end of the official year.

There remained at the end of the year nearly 100 more patients than at the beginning. The smallest number under treatment in any one day was 857 and the largest 968. The daily average number was 913.5.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 23.5; calculated upon the number of admissions, it was 17.7.

The death rate was 6.6 calculated on the whole number of patients under treatment, and 10.4 calculated upon the average population.

Of the cases discharged not insane, one was a case of simple delirium, and another, one of epilepsy. All of the remainder were victims of alcoholism or of the drug habit, or of both combined. None of them were proper subjects for treatment or detention in an insane hospital. In case of the three women included in this list, their committal was perhaps excusable, on the ground that the State has not as yet provided any suitable place for their care; but there was no such excuse in the case of the men, as a special institution has been provided for male inebriates. Eight male inebriates, however, have been sent us during the year, one man having been committed and discharged three times in the twelve months. Every one who is in any way conversant with the purposes had in mind by the advocates of the Hospital for Dipsomaniacs and Inebriates at Foxborough, when its establishment was urged, will agree that the relief of the insane hospitals from this class of cases was a most prominent one if not the one the most insisted upon; and that drunkards are still sent to us is, in my opinion, in direct contravention of the intention if not of the letter of the law establishing this institution. The law provides that judges "may" commit to Foxborough any person who is subject to dipsomania. This seems in the opinion of some of the judges — not a majority, I am happy to say — to make it discretional with them whether such a person shall be committed to the Hospital for Dipsomaniacs or to one of the insane hospitals, as of old. The failure of the Legislature to repeal chapter 339 of the Acts of 1885, which authorized the committal of dipsomaniacs to the latter, would seem to lend some color to this claim; but that it was not the intention of the act establishing the institution at Foxborough, or of its prominent promoters, at least, that, such commitments should continue, I am certain. In fact, the act itself goes to prove this, as it distinctly provides for the removal of such cases from the insane hospitals on the completion of the new institution, — a useless thing to do if the hospitals were to be filled immediately with the same class of patients through new commitments.

All ambiguity as to the intention of the law could be obviated

by the repeal of the act of 1885, regarding the committal of inebriates to the insane hospitals, and I think that every superintendent will agree that this should be done, and I hope to see the attention of the coming Legislature called to this matter.

The infirmary wards which were in process of construction at the time of my last report were completed, furnished and occupied early in the year. They prove to be a very attractive as well as a useful addition to the hospital, and to be well adapted to the purposes for which they were designed. They are constructed with regard to economy as well as efficiency of service, and furnish superior facilities for caring for all of our acute and feeble cases, whatever their means or necessities, — facilities which we have heretofore been able to furnish only to such of our patients as could afford to pay for private rooms with special attendance. The change from the old "sick ward" to these quiet, bright, sunny and well-ventilated rooms is one greatly appreciated by our patients and by the medical staff as well, as the wards, being near the centre building, are easily reached by the physician in case of necessity or emergency.

Our new kitchen, which was nearly completed at the time of my last report, and which we then hoped to be able to furnish and move into within a few weeks, was not, in fact, ready for occupancy until late in the following spring, owing to the difficulty experienced in making, during the cold weather, the temporary connection for the purpose of distribution of supplies between the wards and the new building; the delay in procuring and installing the necessary furnishings, and to the many complications incident to the transfer from the old kitchen to the new. After many delays and disappointments, however, this was finally accomplished without serious inconvenience to any one and without interruption of the work of the household. The building is roomy and convenient, and will no doubt meet any needs of the institution that are likely to arise on account of future enlargement.

As the proposed extension of the chapel wing was to occupy the site of the former kitchen, nothing could be done on this building until the kitchen could be vacated and torn down. We were able, however, to do considerable of the excavating during the winter, and to make the changes in our water, steam and gas pipes necessary to insure a supply to the chapel wing

and centre building during the progress of the new work. We were not able, however, to commence work on the building itself until some time in August; but the foundations are now laid and the superstruction well under way, and it is expected that it will be covered in by the first of January.

This extension, which is designed to furnish additional room for employees, together with working rooms for our patients, is 108 feet long by 48 feet wide, and three stories high, — the same as the building to which it is an addition, — with a basement entirely above ground and an attic which is to be finished into living rooms for the help. It is built of stone from our own quarry, and conforms in its architectural features to the old chapel wing. The basement, which has direct connection with the new kitchen, and through which the food and supplies are to be distributed to the wards, is to be devoted to store rooms for the matron and steward's department. On the first floor there is a dining room for the outside help, with a sitting room opposite; while on the second floor there are similar rooms for the women nurses. At the end of the building on each of the three main floors is a large work room, 43 by 24 feet, that on the first floor being designed for the sewing room, and being connected by a covered way with ironing room and laundry directly in the rear. The other two rooms are designed for work rooms for patients. Each floor has a linen room, trunk room, lavatory and broom closet, and each is provided with two modes of exit in case of fire. Together with the attic, which is both heated and ventilated, there are sleeping accommodations for twenty-five persons.

The plans and estimates for this building were made nearly two years ago, and were based upon the prices then prevailing. Had we been able to complete our plans and begin work at the time we expected, we could no doubt have built the building within the appropriation; but during the last year there has been, as every one is aware, an almost unprecedented advance in all building material, so that the cost of construction is now at least twenty-five per cent. greater than it was at the time our estimates were made. After having gone over our plans and cut out everything that could safely be cut out, we find that with the present sum of money at our disposal we shall only be able to erect the outside walls of the building, cover it in, to get it

ready for the inside finish. We are very much in need of this building and there should be no delay in its completion, and I hope, therefore, that the trustees may see fit to ask for and the Legislature to grant the additional sum necessary to finish it.

In several former reports I have called attention to the necessity of making some provision for our women nurses outside of the hospital wards, but up to the present I have not felt that it was time to urge immediate action in this direction, for the reason that there were other and quite as important improvements necessary in our wards and executive department, and which ought first to be provided for. Now, however, that this has been done, I would again call attention to the needs of our nurses, and urge that immediate steps be taken toward providing a nurses' home. For the old-style attendant, who was simply a care-taker, occupied in looking after the general order of the wards and in seeing that the material wants of the patients were provided for, the accommodations furnished were no doubt ample and satisfactory; but the present methods of caring for the insane demand a more intelligent and complicated service. The nurse has come to be the doctor's complement, and in his absence stands in his place. She can do much to mar or to further his work, but to insure the latter result she must be intelligent, alert, painstaking and willing; but however willing she may be, she cannot be expected to do her best when her service is practically continuous, save for a few hours' outing once or twice a week, and where she is obliged to live, eat and sleep with her work ever before her.

The current expenses, less the amount received from articles sold, have been $169,820.64; dividing this by 913.52, the daily average number of patients, gives $185.89 as the annual cost of support, which is equivalent to a weekly cost of $3.56.

The only change in our medical staff was the resignation of Dr. W. D. Berry. His place has been filled by the promotion of Dr. F. T. Budd from junior assistant.

I am sorry to have to record the resignation of Mr. T. T. Schouler, who has given the institution most valuable and entirely satisfactory service as steward for the past six years. He left the hospital September 1, to take the position of superintendent of the Worcester Poor Farm, and carried with him, I am sure, the respect of every employee of this institution, as

he certainly did of its trustees and its superintendent, who had every reason to know of his sterling qualities and his untiring devotion to the interests of the hospital. I can only say in this connection that I hope and expect that he will have in his new and more onerous position the same success that he had here.

It is an added source of regret that his resignation should have deprived us also of the services of his mother, Mrs. Emeline T. Schouler, as our farm-house, under her skilful management, in conjunction with his own, has been in the highest degree successful.

H. M. QUINBY,
Superintendent.

WORCESTER INSANE HOSPITAL, Sept. 30, 1899.

REPORT OF THE MEDICAL WORK.

Three years have passed since the present organization of the medical work was adopted. I herewith beg to present a short report of the trend of our labors during this period.

The chief aim of our plan has been to so outline the medical work of the hospital that it would do justice to the needs of the patients, and at the same time furnish data for the advancement of our knowledge of psychiatry. A tendency to divide routing practice and research has been avoided; the "practical work," if done well enough to serve the needs of the physician for an understanding of the condition and wants of the patient, furnishes perfectly satisfactory data for our problems in psychiatry. In the laboratory some work must be carried out which has no direct bearing on the needs of the patient, but which is necessary in order to get together a sufficient material for comparison, without which opinions as to what is abnormal cannot be formed.

Certain discussions at the meeting of the Medico-Psychological Association in New York showed that it is exceedingly difficult to make it plain what clinical psychiatry purports to be. It implies nothing but a careful examination of the previous history of the patient and of the condition from day to day, such as every painstaking physician makes on his patients. Our only ambition is to do this essential work systematically, and with all the means of modern medicine at our disposal; to keep such records of our observations as will show us our shortcomings, and also help us to make a truer picture of the disease forms than superficial observation and the faithful following of second-hand text-book opinions and the ordinary impressionist method without records would allow us to form. Most of the points to which we pay attention are points essential for differential diagnosis and prognosis and for indications of

treatment; and it is this side of our observations, and the laboratory methods involved, that we want to extend this year with all our energy.

The criticism has been made by a warm friend of our enterprise that we should above all demonstrate the "modus operandi of cures," for the sake of advancement of therapeutics. While we work to know more about that, it is our imperative task to find out first *what* we are called upon to cure; when we shall have some sort of common understanding of what we mean by the concepts and the names we give the object of our treatment, we shall be better able to speak of the effects and value of our methods and theories. Until that is reached, discussions of therapeutics are far from being mature. The statistics on thyroid treatment ought to show this. All the statements on its use in melancholia, etc., are useless as long as we are not able to state explicitly even to our own satisfaction what cases we include under the term melancholia, and what forms and what sort of a disease process we claim to have influenced. It is not enough to want to do "work," but above all a foundation must exist on which to build; we must have problems which are reasonable and workable, and a certainty that everything that is being done tends to a better understanding of the patients needs and to improvements in our hospital work. To imagine that these two ends of the chain, the study of general pathology and of therapeutics, are already close together, is an illusion which we are not fortunate enough to share.

The material accumulated during the first three years of our work is as follows: 975 closed observations of patients admitted after Oct. 1, 1896, and since discharged, and 160 autopsies, 105 of which cases were admitted since clinical observation was begun.

The anatomical collection consists of: —

1. A complete series of sections of a brain with sclerosis of the temporal and parietal lobe.

2. A similar series of a case with softening of the floor of the inferior horn of the lateral ventricle and degeneration of the central tegmental bundle.

3. A complete series of a brain with destruction of the left third frontal gyrus and secondary degenerations.

4 and 5. Two series of the optic thalamus in cases of hemiplegic contracture in general paralysis.

6. A series of a brain with destruction of the orbital surface of one frontal lobe, one eye and both olfactory bulbs (Marchi).

7. A sagittal series through an adult brain stem.

8. An oblique series through an adult brain stem.

9. A horizontal series of the optic thalami.

10. A sagittal series of a child's brain.

11. Series of the brain stem of an idiot without pons.

12. Series of the brain stem of an idiot with hemiatrophy of the cerebrum and of the opposite cerebellum (the brains of series 11 and 12 received from Dr. Delia Howe).

13. Series of the brain stem in a case of a tumor of the midbrain.

14. Series of the brain of the new-born.

15. Series of the brain of a seven-months fœtus (the specimen obtained from Dr. Baker).

16. Series of the brain of a five-months fœtus (the specimen obtained from Dr. Delahanty).

17. Series of the nervous system of a case of anencephaly (obtained through Dr. Fallon).

18. Series of the thalamus with degeneration of the fornix.

19. A number of series of brains of animals.

Further, a great number of sections from the blocks taken from the autopsies, representing a large material for comparison and research.

The following articles were published during the current year: —

Critical review of the data and general methods and deductions of modern neurology. ("Journal of Comparative Neurology," Vol. VIII., pages 113–148 and pages 249–313, with 7 plates.)

Critical review of recent publications of Bethe and Nissl. ("Journal of Comparative Neurology," Vol. IX., pages 38–45.)

The chief aims of this year's work have been the improvement of our records in the direction of greater clinical usefulness, and the study of certain histopathological topics which had attracted our attention. The old plan of a course of lectures on the nervous system and daily staff meetings for the

reports of the cases was continued. Even more than in the previous years we felt the restrictions due to a disproportion between working force and task, mentioned in my last report and recommended to your kind attention. As the number of admissions increased (to 536 cases), a redistribution of the work became more and more necessary, and it has been carried further in the plan of work for the coming year. A system was to be formulated, by which everybody could keep his work up to date, instead of allowing it to be a never-finished burden, like that of the proverbial housewife. Great arrears in the work of the clinical clerk (increased by added work for the office of the State Board) had been one of the causes of procrastination; the overburdening of the physicians of the admission services and inadequate distribution of the cases among the physicians another; and the time spent on autopsy material a third one. It has seemed best to throw the great share of our energy on the purely clinical work the coming year, for the purpose of arriving at some conclusion concerning a number of questions regarding the general nature of the diseases coming under our observation, the meaning of periodicity of insanity, etc., and also to pay more attention to a few problems of hematology in connection with several well-defined disease types. The neuro-histological work will suffer until we shall be able to make arrangements for more workers. The great share of the technical laboratory work is now being done by Miss Gurley, who has, through her arduous devotion to her task, acquired sufficient technique to carry out all the operations necessary for preserving the most valuable part of our perishable material, until such a time as we have sufficient help to more thoroughly work it up. We realize that the autopsy work ought to be broadened out instead of being reduced; but we are forced to make sacrifices here as well as in other matters of great interest, and we trust that this is the best compromise under the existing conditions.

That we should complain of a disproportion of working force and task may seem singular, in view of the fact that our medical staff is somewhat larger already than the needs of ten or twenty years ago had made traditional. It is impossible to give in the short scope of an annual report all the reasons for this. We may say, however, that when an institution has

adopted a definite scope of work, it puts itself under obligations to carry it out in a manner which is guarantee for success. For this, a good balance between plans and means must exist. The tendency is to accept the whole plans and to substitute good intentions for part of the means. Compromises are made; the difficulties accumulate; and, instead of encouragement by a bright outlook, disappointment paves the road of the workers.

It has been the misfortune of psychiatry in this country that possibilities for medical work along the lines of investigation are only offered in the largest State hospitals. The government hospital in Washington, several hospitals in Iowa, those in Alabama, Kankakee, St. Peter, Minnesota, Danvers and Worcester are all very large, and the difficulty due to the size of the task partly accounts for the slowness of progress. McLean Hospital, the only private institution which has done justice to the call of the times, is more fortunate, since it has a smaller number of admissions and beds than any of the State hospitals, and a ground in every way prepared for clinical work. It represents conditions most like those of the few privileged psychiatric clinics of Germany, where a professor of psychiatry has a corps of from four to six permanent and well-trained assistants for a service of from forty to one hundred and twenty beds. Considering the feverish restlessness with which results are asked for in almost any enterprise in this country, the non-recognition of what might be called the business principles of the movement are very difficult to understand. We are here confronted with one of the inconvenient puzzles of the psychology of progressive humanity. A ratio of one assistant to from two hundred to three hundred patients has been the accepted standard for many years. These men, however, were not required to do anything like the work that is now demanded of an assistant, when investigation has given place to mere surveillance. Yet their work was considered laborious enough. Curiously, post-mortem pathology received the first attention among modern needs. The pathologist formed the entering wedge into the traditional asylum repose. Yet it lies in the nature of our field of investigation that the kind of pathologist who works only under the sign of the skeleton must yield to the pathologist of the living — the

clinician — before anything can be done for psychiatry. Here the situation shows itself in all its seriousness. One man can go through the routine of many autopsies and examinations of urine, as long as he has no psychiatric problems; but observations and examinations of living patients with the consciousness of modern methods require more time, more thought, more skill and more reliability than the analysis of urine and the counting of blood corpuscles alone. For the plan of work now adopted, a ratio of one physician to two hundred and more patients would be a farce, and that of one physician to one hundred patients a serious task, if not merely an experiment.

For reasons given in last year's report, it is useless, in view of the fundamental problems of the present day, to attempt anything short of a complete study of all of our patients, if we want at least to study psychiatry instead of elaborating a pet idea. Although this line of study could be carried on much more efficiently and with much less disturbance of one's peace of mind in a smaller hospital, there is an imperative demand that the general preliminary survey at least shall be extended over a large field of observation, such as our hospital offers. Under such conditions we can form plans for detail work, should the need of such work develop a smaller clinic in an educational centre with more adequate opportunities. This undoubtedly will come when psychiatry gives evidence of greater teachability and greater power to attract medical students than it does under the present conditions, where the only choice would seem to be between stale tradition and confusion. That a clinic can and must be located in closest proximity with other clinics is not difficult to prove both by examples and by reasons.

In the mean time we labor confidently over the execution of our plans, and we hope the authorities on whose good-will we depend will favor us further with their encouragement and co-operation.

Yours respectfully,

ADOLF MEYER.

LIBRARY REPORT.

There are now 3,409 volumes in the library. One hundred and fifty-five volumes have been added during the year, while 16 have been laid aside as useless. Three hundred and fifty-three volumes have been repaired.

The average number of books issued each week from the main library was 105, and the average number from the six ward libraries was about the same as last year, — 42. These small libraries on the wards have been a great convenience to the patients, and it has been found profitable to change them around occasionally.

As heretofore, 6 books have been sent out weekly to nine different halls, where they have been allowed to lie on the centre tables.

The total average of volumes issued each week has increased somewhat from last year, it now being 179.

STATISTICAL TABLES.

1. — *General Statistics of the Year.*

	Insane.			Habitual Drunkards.			Aggregate.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients in the house Oct. 1, 1898,	378	495	873	–	1	1	378	496	874
Admitted within the year,	278	266	544	–	4	4	278	270	548
Whole number of cases within the year,	656	761	1,417	–	5	5	656	766	1,422
Discharged within the year: —									
Viz: as recovered at time of leaving the hospital,	76	29	105	–	2	2	76	31	107
as much improved,	39	39	78	–	–	–	39	39	78
as improved,	33	45	78	–	–	–	33	45	78
as not improved,	25	58	83	–	–	–	25	58	83
as not insane,	10	3	13	–	–	–	10	3	13
Deaths,	60	35	95	–	–	–	60	35	95
Patients remaining Sept. 30, 1899,	413	552	965	–	3	3	413	555	968
Viz.: supported as State patients,	144	148	292	–	2	2	144	150	294
town patients,	211	296	507	–	1	1	211	297	508
private patients,	58	108	166	–	–	–	58	108	166
Number of different persons within the year,	643	754	1,397	–	5	5	643	759	1,402
Number of different persons admitted within the year,	269	263	532	–	4	4	269	267	536
Number of different persons recovered within the year,	76	29	105	–	2	2	76	31	107
Daily average number of patients: —									
Viz.: State patients,	–	–	–	–	–	–	131.46	121.74	253.20
town patients,	–	–	–	–	–	–	207.10	299.48	506.58
private patients,	–	–	–	–	–	–	54.88	98.85	153.73

2. — *Monthly Admissions, Discharges and Averages.*

MONTHS.	Admissions.			Discharges.			Deaths.			Daily Average of Patients in the House.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1898.												
October,	23	16	39	19	5	24	8	1	9	370.58	491.13	861.71
November,	17	25	42	4	8	12	7	2	9	374.20	501.46	875.66
December,	25	16	41	14	12	26	3	2	5	381.22	510.48	891.71
1899.												
January,	20	14	34	7	8	15	7	7	14	388.58	512.48	901.06
February,	28	26	54	13	10	23	7	4	11	391.46	515.36	906.82
March,	22	31	53	13	8	21	8	5	13	403.33	530.38	933.71
April,	21	22	43	15	23	38	–	2	2	402.83	536.40	939.23
May,	23	28	51	25	12	37	7	1	8	400.29	541.16	941.45
June,	30	24	54	20	40	60	3	4	7	397.46	525.37	922.83
July,	23	20	43	15	17	32	2	2	4	400.66	521.65	922.31
August,	30	23	53	11	18	29	6	3	9	409.13	528.39	937.52
September,	16	25	41	27	15	42	2	2	4	401.63	526.63	928.27
Total of cases,	278	270	548	183	176	359	60	35	95	–	–	–
Total of persons,	269	267	536	181	175	356	–	–	–	–	–	–
Daily average,	–	–	–	–	–	–	–	–	–	393.45	520.07	913.52

3. — Received on First and Subsequent Admissions.

NUMBER OF THE ADMISSION.	CASES ADMITTED.			TIMES PREVIOUSLY RECOVERED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.
First,	232	227	459	–	–	–
Second,	29	30	59	15	13	28
Third,	11	6	17	7	3	10
Fourth,	2	5	7	1	1	2
Fifth,	2	1	3	1	1	2
Sixth,	2	–	2	2	–	2
Seventh,	–	1	1	–	1	1
Total of cases,	278	270	548	26	19	45
Total of persons,	269	267	536	24	19	43

4. — Relation to Hospital of Persons admitted.

	Males.	Females.	Totals.
Never before in any hospital for insane,	211	202	413
Former inmates of this hospital only,	35	33	68
Former inmates of other hospitals only,	21	25	46
Former inmates of this and other hospitals: —			
Danvers,	–	3	3
Danvers, Taunton, Boston and Westborough,	–	1	1
Foxborough,	1	–	1
McLean,	1	–	1
Tewksbury,	–	1	1
Westborough and McLean,	–	1	1
Westborough and Taunton,	–	1	1
Total of persons,	269	267	536

5. — Parentage of Persons admitted.

PLACES OF NATIVITY.	Males.		Females.		Totals.	
	Father.	Mother.	Father.	Mother.	Father.	Mother.
Massachusetts,	36	39	37	34	73	73
Other States : —						
Maine,	10	8	8	10	18	18
New Hampshire,	7	8	4	2	11	10
Vermont,	8	8	–	3	8	11
Rhode Island,	2	1	2	2	4	3
Connecticut,	1	2	4	3	5	5
New York,	2	1	2	1	4	2
Pennsylvania,	–	2	–	1	–	3
District of Columbia,	1	1	–	–	1	1
North Carolina,	–	1	1	1	1	2
Michigan,	1	1	–	–	1	1
Other countries : —						
Canada,	13	14	9	10	22	24
Nova Scotia,	4	3	5	6	9	9
New Brunswick,	3	4	–	–	3	4
Newfoundland,	2	1	–	–	2	1
Scotland,	5	6	1	1	6	7
England,	8	7	9	10	17	17
Ireland,	102	99	120	119	222	218
Norway,	3	3	–	–	3	3
Sweden,	10	10	6	6	16	16
Finland,	1	1	1	1	2	2
France,	1	–	1	2	2	2
Germany,	5	5	3	1	8	6
Poland,	2	2	–	–	2	2
Russia,	4	4	4	4	8	8
Spain,	–	–	1	–	1	–
Italy,	1	1	1	1	2	2
Switzerland,	1	1	–	–	1	1
China,	1	1	–	–	1	1
Unknown,	35	35	48	49	83	84
Total of persons,	269	269	267	267	536	536

6. — Birthplace of Persons admitted.

PLACES OF BIRTH.	Males.	Females.	Totals.
Massachusetts,	100	98	198
Other States: —			
Maine,	10	10	20
New Hampshire,	7	7	14
Vermont,	6	5	11
Rhode Island,	5	–	5
Connecticut,	1	3	4
New York,	2	5	7
New Jersey,	–	1	1
Pennsylvania,	1	–	1
Virginia,	1	1	2
District of Columbia,	1	–	1
North Carolina,	1	1	2
Georgia,	1	1	2
Louisiana,	–	1	1
Texas,	1	–	1
Iowa,	1	–	1
Michigan,	–	1	1
California,	1	–	1
Other countries: —			
Canada,	16	8	24
Nova Scotia,	3	5	8
New Brunswick,	5	3	8
Newfoundland,	1	–	1
Scotland,	2	2	4
England,	15	6	21
Ireland,	48	81	129
Norway,	2	1	3
Sweden,	8	5	13
Finland,	3	4	7
Germany,	1	–	1
Poland,	1	–	1
Russia,	5	3	8
Italy,	1	1	2
China,	1	–	1
Unknown,	18	14	32
Totals,	269	267	536

7. — Residence of Persons admitted.

PLACES.	Males.	Females.	Totals.
Massachusetts (by counties) : —			
Berkshire,	–	2	2
Hampden,	1	–	1
Middlesex,	87	109	196
Norfolk,	4	9	13
Suffolk,	26	24	50
Worcester,	160	126	286
Totals,	278	270	548
Cities or towns,	278	270	548
Country districts,	–	–	–

8. — Civil Condition of Persons admitted.

NUMBER OF THE ADMISSION.	UNMARRIED.			MARRIED.			WIDOWED.			DIVORCED.			UNKNOWN.			TOTAL.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
First, ...	105	87	192	95	88	183	14	44	58	2	1	3	16	7	23	232	227	459
Second, ...	14	14	28	13	10	23	1	5	6	–	–	–	1	1	2	29	30	59
Third, ...	7	2	9	4	4	8	–	–	–	–	–	–	–	–	–	11	6	17
Fourth, ...	1	–	1	1	2	3	–	1	1	–	1	1	–	1	1	2	5	7
Fifth, ...	2	–	2	–	–	–	–	–	–	–	–	–	–	1	1	2	1	3
Sixth, ...	1	–	1	1	–	1	–	–	–	–	–	–	–	–	–	2	–	2
Seventh, ...	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1
Totals, ...	130	103	233	114	105	219	15	50	65	2	2	4	17	10	27	278	270	548

9. — Occupation of Persons admitted.

FEMALES.

Bookbinder,	1	Straw worker,	1
Clerk,	1	Seamstresses,	3
Cooks,	2	Student,	1
Copyist,	1	Tailoress,	1
Domestics,	47	Teachers,	4
Housewives,	61	Unknown,	15
Housekeepers,	46	No occupation,	65
Jewelry worker,	1		
Operatives,	15	Total,	267
Saleswomen,	2		

MALES.

Agent,	1	Detective,	1
Baker,	1	Designer,	1
Barbers,	3	Drug clerks,	2
Blacksmiths,	6	Electric car conductor,	1
Bartenders,	2	Electrician,	1
Brass polisher,	1	Envelope maker,	1
Book-keepers,	4	Engineers,	2
Boiler maker,	1	Farmers,	14
Boss finisher,	1	Firemen,	2
Box maker,	1	Fisherman,	1
Boot cutter,	1	Fruit dealers,	2
Butcher,	1	Gardener,	1
Carpenters,	8	Gilder,	1
Carder,	1	Grocer,	1
Chair maker,	1	Herdic driver,	1
Carriage ornamenter,	1	Inspector,	1
Clerks,	2	Ironworkers,	2
Civil engineer,	1	Jewellers,	2
Cook,	1	Journalist,	2
Coachman,	1	Laborers,	59
Commercial traveller,	1	Laundrymen,	2
Cooper,	1	Lawyers,	2

9. — Occupation of Persons admitted — Concluded.

MALES — CONCLUDED.

Laster,	1	Reedworker,	1
Leather dealer,	1	Reporter,	1
Liquor dealer,	1	Restaurant keeper,	1
Loom fixer,	1	Real estate agent,	1
Lumber dealer,	1	Roofer,	1
Machinists,	11	Salesmen,	2
Manufacturer,	1	Stationary engineer,	1
Master marine,	1	Sailor,	1
Merchants,	3	Steward,	1
Medical student,	1	Sign painter,	1
Mechanics,	2	Shoemakers,	7
Moulders,	4	Shoe vamper,	1
Musician,	1	Shoe laster,	1
Night watchman,	1	Students,	3
Nurse,	1	Tailors,	2
Operatives,	16	Teachers,	2
Optical employee,	1	Teamsters,	3
Painters,	3	Toy maker,	1
Plasterer,	1	Watchmakers,	4
Peddlers,	2	Waiters,	3
Pipe fitter,	1	Wire worker,	1
Piano key maker,	1	Unknown,	8
Porter,	1	No occupation,	18
Professor of music,	1		
Plumbers,	2	Total,	269
Rag sorter,	1		

10. — *Probable Causes of Disease in Persons admitted.*

CAUSES.	Persons admitted.						Insane.						Habitual Drunkards.					
	Insane.			Habitual Drunkards.			Previous Attacks.			Hereditary Predisposition.			Previous Attacks.			Hereditary Predisposition.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Alcohol,	50	23	73	-	4	4	18	8	26	9	3	12	-	-	-	-	1	1
Alcohol and ill health,	10	2	12	-	-	-	3	-	3	2	1	3	-	-	-	-	-	-
Alcohol and arteriosclerosis,	7	2	9	-	-	-	1	1	2	1	1	2	-	-	-	-	-	-
Alcohol and worry,	3	1	4	-	-	-	1	-	1	-	1	1	-	-	-	-	-	-
Alcohol and masturbation,	5	1	6	-	-	-	1	-	1	1	-	1	-	-	-	-	-	-
Alcohol and dissipated life,	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol and constitutional inferiority,	6	2	8	-	-	-	-	1	1	1	-	1	-	-	-	-	-	-
Alcohol and environment,	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Alcohol and family trouble,	-	2	2	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Alcohol and trauma,	5	-	5	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Alcohol and fright,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol and immorality,	-	2	2	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Alcohol and epilepsy,	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Alcohol, bereavement and abuse of husband,	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol and gravidity,	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Arteriosclerosis,	2	-	2	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Arteriosclerosis, grippe and bereavement,	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Business troubles,	1	-	1	-	-	-	1	-	1	1	-	1	-	-	-	-	-	-
Bronchitis and bereavement,	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Bereavement,	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cocaine,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Constitutional inferiority,	13	10	23	-	-	-	-	3	3	7	2	9	-	-	-	-	-	-
Cerebral hemorrhage,	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cerebro-spinal meningitis,	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Constitutional liability to delirium, physical illness and fever,	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
Disappointment in love,	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Epilepsy,	5	3	8	-	-	-	1	-	1	-	1	1	-	-	-	-	-	-
Epilepsy and diphtheria,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Epilepsy and worry,	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
Financial losses,	1	2	3	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-
Family troubles,	3	6	9	-	-	-	-	4	4	1	4	5	-	-	-	-	-	-
Grippe,	6	4	10	-	-	-	1	-	1	1	3	4	-	-	-	-	-	-
Hæmaturia,	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Heredity,	20	27	47	-	-	-	4	13	17	20	27	47	-	-	-	-	-	-

Ill health,	5	10	15	-	-	-	-	2	2	2	4	6	-	-	-	-	-	-
Injury,	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
Immorality,	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Lactation,	-	2	2	-	-	-	-	1	1	-	2	2	-	-	-	-	-	-
Masturbation,	15	14	29	-	-	-	3	5	8	9	9	18	-	-	-	-	-	-
Masturbation and ill health,	6	3	9	-	-	-	1	1	2	4	1	5	-	-	-	-	-	-
Masturbation and worry,	2	1	3	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-
Menopause,	-	20	20	-	-	-	-	5	5	-	8	8	-	-	-	-	-	-
Menopause and environment,	-	7	7	-	-	-	-	-	-	-	4	4	-	-	-	-	-	-
Menopause, acromegaly and diabetes mellitus,	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Menopause and constitutional inferiority,	-	4	4	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Menstrual disorders,	-	9	9	-	-	-	-	3	3	-	6	6	-	-	-	-	-	-
Menstrual disorders and bereavement,	-	1	1	-	-	-	-	1	1	-	1	1	-	-	-	-	-	-
Malaria,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental shock,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Marriage,	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Overwork,	6	6	12	-	-	-	1	1	2	2	5	7	-	-	-	-	-	-
Opium,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Poverty,	-	2	2	-	-	-	-	1	1	-	2	2	-	-	-	-	-	-
Pregnancy,	-	3	3	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Puerperium,	-	11	11	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-
Religious mania,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rheumatic fever,	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rheumatism,	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Ridicule of shop mates,	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Syphilis,	12	4	16	-	-	-	3	-	3	1	3	4	-	-	-	-	-	-
Syphilis and other causes,	15	4	19	-	-	-	2	-	2	3	1	4	-	-	-	-	-	-
Senility,	6	18	24	-	-	-	-	1	1	-	6	6	-	-	-	-	-	-
Senility and ill health,	6	3	9	-	-	-	1	2	3	-	1	1	-	-	-	-	-	-
Senility and worry,	3	2	5	-	-	-	-	-	-	1	2	3	-	-	-	-	-	-
Sexual abnormality,	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Sexual excesses,	2	-	2	-	-	-	2	-	2	2	-	2	-	-	-	-	-	-
Sexual excesses and desertion of wife,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sunstroke,	3	-	3	-	-	-	2	-	2	1	-	1	-	-	-	-	-	-
Scarlet-fever,	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Secluded life and worry,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Septicæmia and drugs,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Traumatic epilepsy,	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid fever and worry,	-	1	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Trauma,	1	4	5	-	-	-	-	1	1	1	-	1	-	-	-	-	-	-
Worry,	4	8	12	-	-	-	-	-	-	1	5	6	-	-	-	-	-	-
Worry and ill health,	4	-	4	-	-	-	2	-	2	1	-	1	-	-	-	-	-	-
Unknown,	32	25	57	-	-	-	12	3	15	-	-	-	-	-	-	-	-	-
Totals,	278	266	544	-	4	4	63	63	126	81	113	194	-	-	-	-	1	1

11. — Record of Cases admitted within the Year.

PATIENTS.	Insane.			Habitual Drunkards.			Aggregate.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Admitted,	278	266	544	–	4	4	278	270	548
Discharged recovered,	59	16	75	–	2	2	59	18	77
much improved,	18	17	35	–	–	–	18	17	35
improved,	18	25	43	–	–	–	18	25	43
not improved,	14	17	31	–	–	–	14	17	31
not insane,	9	2	11	–	–	–	9	2	11
Died,	23	12	35	–	–	–	23	12	35
Remaining Sept. 30, 1899,	137	177	314	–	2	2	137	179	316
Number likely to recover or improve,	31	48	79	–	2	2	31	50	81

12. — *Ages of Insane at First Attack, Admission and Death.*

AGES.	Persons First admitted to Any Hospital.						Persons died.					
	At First Attack.			When Admitted.			At First Attack.			At Time of Death.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital,	-	3	3	-	-	-	-	-	-	-	-	-
15 years and less,	1	3	4	2	2	4	1	-	1	-	-	-
From 15 to 20 years,	8	12	20	8	13	21	2	3	5	-	-	-
20 to 25 years,	28	23	51	32	23	55	2	-	2	2	-	2
25 to 30 years,	13	23	36	25	23	48	6	1	7	4	1	5
30 to 35 years,	21	17	38	30	25	55	1	5	6	7	4	11
35 to 40 years,	13	22	35	22	30	52	3	2	5	1	4	5
40 to 50 years,	21	19	40	34	28	62	11	4	15	10	2	12
50 to 60 years,	23	12	35	25	15	40	10	4	14	14	7	21
60 to 70 years,	11	6	17	16	17	33	6	10	16	12	4	16
70 to 80 years,	6	11	17	10	16	26	4	3	7	7	6	13
Over 80 years,	1	1	2	1	3	4	1	-	1	3	6	9
Unknown,	65	50	115	6	7	13	13	3	16	-	1	1
Total of persons,	211	202	413	211	202	413	60	35	95	60	35	95
Mean ages in years,	39.4	36.2	37.8	39.3	39.2	39.2	46.2	42.8	44.5	52.2	58.1	55.1

13. — *Reported Duration of Disease before Last Admission.*

PREVIOUS DURATION.	First Admission to any Hospital.			All Other Admissions.			Totals.		
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital,	-	3	3	1	1	2	1	4	5
Under 1 month,	47	44	91	16	14	30	63	58	121
From 1 to 3 months,	29	40	69	10	7	17	39	47	86
3 to 6 months,	18	24	42	3	6	9	21	30	51
6 to 12 months,	9	11	20	3	6	9	12	17	29
1 to 2 years,	13	8	21	5	4	9	18	12	30
2 to 5 years,	29	14	43	6	6	12	35	20	55
5 to 10 years,	8	8	16	3	8	11	11	16	27
10 to 20 years,	5	6	11	5	4	9	10	10	20
Over 20 years,	-	5	5	-	2	2	-	7	7
Unknown,	53	39	92	15	10	25	68	49	117
Total of cases,	211	202	413	67	68	135	278	270	548
Total of persons,	211	202	413	58	65	123	269	267	536
Average in years,	2.05	2.48	2.26	2.64	3.58	3.11	2.35	3.03	2.69

14. — Form of Mental Disease in Cases admitted or discharged, with Condition on Discharge.

FORM OF DISEASE.	Cases admitted.			Cases discharged.																				
				Recovered.			Much improved.			Improved.			Not improved			Not insane			Deaths.			Aggregate.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — Insane: —																								
Imbecility,	3	3	6	-	-	-	-	-	-	-	1	1	1	3	4	-	-	-	-	-	-	1	4	5
Epileptic insanity,	12	10	22	-	-	-	2	2	4	2	2	4	3	3	6	-	-	-	3	-	3	10	7	17
Constitutional inferiority,	14	13	27	-	-	-	3	5	8	3	6	9	3	5	8	-	-	-	-	-	-	9	16	25
Hysterical insanity,	-	1	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Constitutional neurasthenia,	2	3	5	-	-	-	2	-	2	-	1	1	-	1	1	-	-	-	-	-	-	2	2	4
Sexual neurasthenia,	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paranoia,	10	4	14	-	-	-	2	-	2	3	-	3	-	5	5	-	-	-	-	-	-	5	5	10
Periodic insanity —																								
Manic and delirious forms,	9	21	30	6	7	13	3	3	6	1	3	4	-	1	1	-	-	-	-	3	3	10	17	27
Circular forms,	3	9	12	2	2	4	-	5	5	-	-	-	-	-	-	-	-	-	-	-	-	2	7	9
Depressed forms,	7	16	23	10	9	19	-	6	6	1	2	3	-	1	1	-	-	-	-	3	3	11	21	32
Climacteric melancholia,	6	10	16	1	1	2	-	-	-	-	3	3	-	-	-	-	-	-	3	-	3	4	4	8
Katatonia,	10	10	20	4	3	7	3	4	7	2	2	4	3	2	5	-	-	-	2	2	4	14	13	27
Dementia præcox,	34	63	97	1	-	1	7	5	12	5	8	13	8	16	24	-	-	-	3	6	9	24	35	59
Paranoic condition,	26	34	60	1	-	1	4	6	10	4	8	12	5	9	14	-	-	-	-	3	3	14	26	40
General paralysis,	32	10	42	-	-	-	3	1	4	5	3	8	-	1	1	-	-	-	18	4	22	26	9	35
Alcoholic insanity,	58	29	87	33	4	37	9	2	11	3	3	6	1	8	9	-	-	-	4	2	6	50	19	69
Cocainism,	1	-	1	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2
Delirium (infectious, toxic and asthenic),	19	5	24	14	3	17	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	15	3	18
Traumatic insanity,	3	-	3	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2
Senile dementia,	18	24	42	-	-	-	-	-	-	4	3	7	1	3	4	-	-	-	26	12	38	31	18	49
B. — Habitual drunkards,	-	4	4	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
Not insane,	9	1	10	-	-	-	-	-	-	-	-	-	-	-	-	10	3	13	-	-	-	10	3	13
Total of cases,	278	270	548	76	31	107	39	39	78	33	45	78	25	58	83	10	3	13	60	35	95	243	211	454
Total of persons,	269	267	536	76	31	107	39	39	78	33	45	78	25	58	83	7	3	10	60	35	95	240	211	451

15. — Discharges, classified by Admission and Result.

NUMBER OF THE ADMISSION.	Recovered.			Much Improved.			Improved.			Not Improved.			Died.			Not Insane.			Totals.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals
First,	67	26	93	33	31	64	25	39	64	24	48	72	59	29	88	6	3	9	214	176	390
Second,	5	4	9	4	5	9	5	5	10	1	8	9	1	4	5	2	–	2	18	26	44
Third,	3	–	3	–	2	2	3	–	3	–	1	1	–	1	1	1	–	1	7	4	11
Fourth,	1	1	2	1	–	1	–	1	1	–	1	1	–	1	1	1	–	1	3	4	7
Fifth,	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
Seventh,	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
Total of cases,	76	31	107	39	39	78	33	45	78	25	58	83	60	35	95	10	3	13	243	211	454
Total of persons,	76	31	107	39	39	78	33	45	78	25	58	83	60	35	95	7	3	10	240	211	451

16. — Form of Mental Disease in Cases of Death.

CAUSES OF DEATH.	Aggregate.			General Paralysis.			Senile Dementia.			Organic Dementia.			Epilepsy			Paranoic Condition.			Dementia Præcox.			Katatonia.			Melancholia.			Periodic Insanity.			Infectious Delirium.			Alcoholic Insanity.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Respiratory system: —																																				
Pulmonary phthisis,	5	6	11	2	1	3	-	1	1	-	-	-	-	-	-	-	1	1	1	1	2	1	2	3	1	-	1	-	-	-	-	-	-	-	-	-
Lobar pneumonia,	7	4	11	3	-	3	3	-	3	-	-	-	-	-	-	-	-	-	1	2	3	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1
Broncho-pneumonia,	14	7	21	2	-	2	5	4	9	4	1	5	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	1	1	2
Bronchitis,	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hypostatic-pneumonia,	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pleurisy,	1	1	2	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pleurisy and peritonitis,	-	1	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pulmonary gangrene,	2	-	2	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pulmonary oedema,	10	4	14	4	1	5	1	-	1	1	-	1	1	-	1	-	1	1	1	-	1	1	1	2	-	-	-	-	1	1	-	-	-	1	-	1
Pulmonary infarct,	2	1	3	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-	1	-	-	-
Pulmonary embolism,	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Circulatory system: —																																				
Valvular disease,	1	2	3	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Heart failure,	7	1	8	-	1	1	3	-	3	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-	1	-	1
Cerebral hemorrhage,	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cerebral softening,	1	1	2	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

General:—																																				
General miliary tuberculosis.	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gastric carcinoma, .	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hepatic and intestinal carcinoma.	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hypertrophic cirrhosis,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Intestinal obstruction, .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
Rectal abscess, . .	2	1	3	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Nephritis, . . .	2	1	3	2	-	2	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonsiiiitis, . . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Hemorrhage following injury.	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals, . . .	60	35	95	18	5	23	17	11	28	7	1	8	3	-	3	-	3	3	3	4	7	2	4	6	3	-	3	-	5	5	1	-	1	6	2	8

17. — Recoveries, classified by Duration of Disease and Treatment.

PERIOD.	Last Attack.									All Attacks.					
	Duration before admission.			Hospital residence.			Whole duration from the attack.			Whole known period of mental disease.			Whole known period of hospital residence.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A — Insane: —															
Under 1 month,	29	9	38	5	2	7	2	–	2	2	–	2	5	2	7
From 1 to 3 months,	10	7	17	49	11	60	16	5	21	14	5	19	42	8	50
3 to 6 months,	4	3	7	15	9	24	17	7	24	16	7	23	15	10	25
6 to 12 months,	5	1	6	4	3	7	7	5	12	7	5	12	8	4	12
1 to 2 years,	2	–	2	2	3	5	7	2	9	8	2	10	5	4	9
2 to 5 years,	4	1	5	1	1	2	5	2	7	6	2	8	1	1	2
5 to 10 years,	–	1	1	–	–	–	–	1	1	–	1	1	–	–	–
10 to 20 years,	1	–	1	–	–	–	1	–	1	1	–	1	–	–	–
Over 20 years,	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–
Unknown,	21	7	28	–	–	–	21	7	28	21	7	28	–	–	–
Totals,	76	29	105	76	29	105	76	29	105	76	29	105	76	29	105
Average of known cases (in months),	6.93	6.31	6.62	2.90	6.63	4.76	10.34	13.32	11.83	13.25	14.82	14.03	3.48	8.03	5.75
B. — Habitual drunkards: —															
Under 1 month,	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1
From 3 to 6 months,	–	–	–	–	1	1	–	–	–	–	–	–	–	1	1
10 to 12 years,	–	1	1	–	–	–	–	1	1	–	1	1	–	–	–
Over 20 years,	–	1	1	–	–	–	–	1	1	–	1	1	–	–	–
Totals,	–	2	2	–	2	2	–	2	2	–	2	2	–	2	2
Average of known cases (in months),	–	186	186	–	2	2	–	188	188	–	188	188	–	2	2

18. — Deaths, classified by Duration of Disease and Treatment.

Period.	Last Attack.									All Attacks.					
	Duration before admission.			Hospital residence.			Whole duration from attack.			Whole known period of mental disease.			Whole known period of hospital residence.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Under 1 month,	7	5	12	12	5	17	1	1	2	1	1	2	11	3	14
From 1 to 3 months,	9	2	11	8	2	10	6	3	9	6	2	8	8	1	9
3 to 6 months,	4	3	7	8	5	13	1	1	2	1	–	1	8	7	15
6 to 12 months,	2	2	4	8	2	10	5	1	6	5	2	7	8	1	9
1 to 2 years,	9	2	11	12	6	18	7	4	11	7	3	10	13	7	20
2 to 5 years,	9	7	16	6	4	10	18	1	19	18	1	19	6	4	10
5 to 10 years,	3	4	7	5	7	12	3	6	9	3	7	10	5	8	13
10 to 20 years,	–	3	3	–	3	3	1	9	10	1	10	11	–	3	3
Over 20 years,	1	1	2	1	1	2	2	3	5	2	3	5	1	1	2
Unknown,	16	6	22	–	–	–	16	6	22	16	6	22	–	–	–
Totals,	60	35	95	60	35	95	60	35	95	60	35	95	60	35	95
Average of known cases (in months),	20.16	45.55	32.85	22.04	52.34	37.19	47.75	97.48	72.62	47.75	98.38	73.06	22.24	88.63	55.43

19. — Annual Admissions since the Opening of the Hospital, with the Discharges and Deaths within the Official Year, and the Number of Each Year's Admissions remaining Sept. 30, 1899.

YEARS ENDING SEPT. 30.	ADMITTED.			NEW CASES. DISCHARGED AND DIED IN 1898-99.																	
				RECOVERED.			MUCH IMPROVED			IMPROVED.			NOT IMPROVED.			DIED.			NOT INSANE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1833,	81	44	125	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1834,	66	51	117	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1835,	51	41	92	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1836,	53	54	107	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1837,	73	60	133	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1838,	83	71	154	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1839,	62	77	139	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1840,	64	78	142	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1841,	53	64	117	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1842,	76	71	147	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1843,	93	85	178	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1844,	96	100	196	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1845,	102	93	195	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1846,	106	113	219	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1847,	80	95	175	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1848,	112	103	215	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1849,	96	97	193	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1850,	103	87	190	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1851,	97	96	193	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1852,	101	118	219	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1853,	97	113	210	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1854,	85	126	211	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1855,	60	85	145	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
1856,	78	100	178	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1857,	89	106	195	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1858,	121	130	251	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1859,	82	73	155	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1860,	88	75	163	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1861,	92	92	184	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1862,	72	75	147	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1863,	72	75	147	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1864,	83	56	139	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1865,	73	79	152	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1866,	123	100	223	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1867,	107	98	205	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1868,	112	92	204	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1869,	116	121	237	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1870,	138	143	281	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1871,	174	154	328	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1872,	181	120	301	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1873,	152	154	306	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1874,	145	151	296	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1875,	157	130	287	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1876,	150	110	260	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1877,	126	136	262	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1878,	110	130	240	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-
1879,	49	49	98	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1880,	84	101	185	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1881,	128	80	208	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1882,	140	105	245	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-
1883,	101	113	214	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
1884,	99	109	208	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-
1885,	139	111	250	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1886,	113	143	256	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
1887,	139	118	257	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1888,	183	153	336	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-
1889,	170	149	319	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1	-	-	-	-
1890,	210	150	360	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-
1891,	264	200	464	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-
1892,	298	256	554	-	-	-	-	-	-	-	-	-	-	1	1	1	1	2	-	-	-	-
1893,	250	208	458	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-
1894,	264	244	508	-	1	1	-	-	-	-	-	-	-	-	-	5	1	6	-	-	-	-
1895,	236	202	438	-	-	-	2	-	2	-	-	-	1	1	2	1	-	1	-	-	-	-
1896,	251	250	501	-	-	-	-	-	-	1	-	1	-	3	3	3	2	5	-	-	-	-
1897,	245	211	456	1	-	1	-	2	2	1	5	6	2	7	9	10	2	12	-	-	-	-
1898,	219	198	417	15	8	23	15	15	30	7	13	20	7	19	26	16	5	21	1	1	2	
1899,	278	270	548	51	17	68	16	13	29	16	21	37	14	14	28	22	8	30	5	2	7	
Totals,	8,391	7,842	16,233	67	26	93	33	31	64	25	39	64	24	48	72	59	29	88	6	3	9	

19. — Annual Admissions, etc. — Concluded.

Years Ending Sept. 30.	Readmitted Cases.																					Remaining of Each Year's Admissions Sept. 30, 1899.		
	Admitted.			Discharged and died in 1898-99.																				
				Recovered.			Much improved.			Improved.			Not improved.			Died.			Not insane.					
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1833,	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1834,	7	6	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1835,	10	8	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1836,	9	9	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1837,	14	6	20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1838,	11	15	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1839,	22	19	41	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1840,	13	15	28	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1841,	14	20	34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1842,	24	23	47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1843,	24	20	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1844,	20	22	42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1845,	43	30	73	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1846,	36	38	74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1847,	23	36	59	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1848,	26	36	62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1849,	31	36	67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1850,	27	32	59	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
1851,	27	38	65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1852,	44	38	82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1853,	44	45	89	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1854,	38	47	85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1855,	36	28	64	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1856,	24	32	56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1857,	36	34	70	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1858,	45	58	103	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1859,	24	21	45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1860,	17	35	52	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1861, . . .	35	32	67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1862, . . .	36	38	74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
1863, . . .	42	26	68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1864, . . .	42	45	87	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1865, . . .	44	25	69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
1866, . . .	40	26	66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1867, . . .	47	36	83	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1868, . . .	46	46	92	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
1869, . . .	55	45	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1870, . . .	58	45	103	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
1871, . . .	80	62	142	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3	4
1872, . . .	70	72	142	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
1873, . . .	57	44	101	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
1874, . . .	57	47	104	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	2	3
1875, . . .	39	36	75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1876, . . .	44	47	91	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
1877, . . .	51	41	92	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	4	9
1878, . . .	36	39	75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	4	7
1879, . . .	27	22	49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4
1880, . . .	19	29	48	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	1	4
1881, . . .	17	24	41	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	5	10
1882, . . .	40	25	65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	4	6
1883, . . .	21	40	61	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	6	9
1884, . . .	18	26	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	5	11
1885, . . .	31	37	68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	5	10
1886, . . .	44	23	67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	5	11
1887, . . .	29	29	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	6	10
1888, . . .	22	31	53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	4	10
1889, . . .	39	33	72	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	6	7	13
1890, . . .	37	39	76	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	7	11
1891, . . .	43	42	85	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	15	17	32
1892, . . .	44	32	76	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	23	35
1893, . . .	34	42	76	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	22	30
1894, . . .	28	45	73	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19	27	46
1895, . . .	33	41	74	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	19	36	55
1896, . . .	30	45	75	-	-	-	-	1	1	-	-	-	-	-	1	1	-	-	-	-	-	-	33	46	79
1897, . . .	43	43	86	-	1	1	-	-	-	3	1	4	-	1	1	-	2	2	-	-	-	-	53	68	121
1898, . . .	38	33	71	1	3	4	3	3	6	3	1	4	1	3	4	-	-	-	-	-	-	-	51	62	113
1899, . . .	46	43	89	8	1	9	2	4	6	2	4	6	-	3	3	1	4	5	4	-	4		137	179	316
Totals, . .	2,252	2,223	4,475	9	5	14	6	8	14	8	6	14	1	10	11	1	6	7	4	-	4		413	555	968

20. — Relapsed Cases admitted in Each Year and discharged and died in 1898–99.

Years ending Sept. 30.	Cases previously recovered in this hospital.																					Remaining Sept. 30, 1899.		
	Admitted.			Discharged and died in 1898-99.																				
				Recovered.			Much improved.			Improved.			Not improved.			Died.			Not insane.					
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1868, . .	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
1869, . .	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
1872, . .	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
1873, . .	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
1874, . .	2	3	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
1876, . .	3	2	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
1877, . .	4	3	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
1878, . .	4	5	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2
1879, . .	–	5	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
1880, . .	2	5	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
1881, . .	3	6	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
1882, . .	14	10	24	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
1883, . .	9	19	28	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3
1884, . .	8	11	19	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

1885, . .	12	16	28	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
1886, . .	12	12	24	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2
1887, . .	13	13	26	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
1888, . .	6	10	16	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
1889, . .	15	12	27	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
1890, . .	19	19	38	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
1891, . .	25	19	44	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
1892, . .	30	14	44	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
1893, . .	15	15	30	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	4
1894, . .	13	18	31	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2
1895, . .	12	11	23	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
1896, . .	12	22	34	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	4	5
1897, . .	12	14	26	–	1	1	–	–	–	1	–	1	–	–	–	–	1	1	–	–	–	1	2	3
1898, . .	11	7	18	–	1	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	2	1	3
1899, . .	26	19	45	7	1	8	1	3	4	1	–	1	–	1	1	–	3	3	3	–	3	14	11	25
Totals,	285	295	580	7	3	10	1	3	4	3	–	3	–	1	1	–	4	4	3	–	3	32	31	63

LIST OF PERSONS

EMPLOYED IN THE WORCESTER INSANE HOSPITAL, SEPT. 30, 1899.

Superintendent and physician, per year,			$3,000 00
Assistant superintendent and physician, per year,			1,500 00
Assistant physician,	" "		1,500 00
Assistant physician,	" "		1,100 00
Assistant physicians (two), each,	" "		1,000 00
Junior assistant physicians (four), each,	" "		400 00
Steward,	" "		1,200 00
Treasurer,	" "		500 00
Auditor,	" "		75 00
Matron,	" "		600 00
Clerk,	" "		720 00
Stenographers (three),	per month,	$30 00 and	60 00
Supervisor (man),	" "		45 00
Supervisor (woman),	" "		30 00
Assistant supervisors (men, two), each,	" "	40 00 and	35 00
Assistant supervisors (women, two), each,	" "		25 00
Marker of clothing, etc.,	" "		20 00
Seamstresses (two) each,	" "		18 00
Attendants (men, forty-seven),	" "	23 00 to	28 00
Attendants (women, fifty-three),	" "	14 00 to	20 00
Night attendants (men, six),	" "	25 00 to	28 00
Night attendants (seven),	" "		18 00
Baker (one),	" "		50 00
Assistant baker (one),	" "		27 00
Steward's assistant,	" "		30 00
Office girl,	" "		16 00

Kitchen men (two),	per month,	$25 00 and $35 00
Cooks (two),	" "	25 00 and 28 00
Laundry-man,	" "	30 00
Laundress,	" "	20 00
Assistant-laundry man,	" "	27 00
Laundry girls (eight),	" "	14 00 to 18 00
Kitchen girls (five),	" "	14 00 to 16 00
House girls (eight), each,	" "	14 00
Carpenters (five),	per day,	2 50 and 3 00
Painters (two),	" "	2 50 and 2 75
Mason,	" "	3 00
Helper,	" "	2 25
Plumber,	" year,	900 00
Engineer,	" "	1,000 00
Firemen (two),	per month,	40 00
Farmer,	" "	60 00
Housekeeper,	" "	20 00
Farm laborers (fifteen),	" "	23 00 to 30 00
Farm help (women, four),	" "	14 00 to 20 00
Florist,	" "	45 00
Coachman,	" "	25 00
Expressman,	" "	25 00
Basement and yard man,	" "	25 00

PRODUCTS OF THE FARM

On Hand Oct. 1, 1899, and not delivered at the Hospital.

Apples,	800 barrels.
Beets,	200 bushels.
Cabbages,	5,000 heads.
Carrots,	100 bushels.
Celery,	5,000 heads.
Corn fodder,	10 tons.
Ensilage,	500 tons.
Hay,	400 tons.
Hay, swale,	10 tons.
Mangolds,	21 tons.
Oat fodder,	30 tons.
Onions,	600 bushels.
Parsnips,	200 bushels.
Pumpkins,	2 tons.
Rye,	25 bushels.
Squash,	40,000 pounds.
Straw rye,	4 tons.
Turnips,	1,100 bushels.
Pop corn,	25 bushels.

FARM ACCOUNT.

Dr.

Bread,	$240 00
Butter,	634 40
Current expenses,	726 65
Fertilizers,	417 00
Fuel and light,	267 57
Furniture,	44 65
Groceries,	1,566 14
Grain and meal,	5,414 42
Live stock,	1,319 50
Meats, etc.,	1,817 65
Repairs,	151 96
Seeds,	214 30
Sugar,	309 81
Water,	161 93
Wages,	5,771 55
	$19,057 53
Net gain for year ending Sept. 30, 1899,	1,959 51
	$21,017 04

Cr.

Apples, 259 barrels,	$486 75
Asparagus, 48 dozen bunches,	57 81
Beets, 170 bushels,	80 85
Beans, Lima, 31 bushels,	40 38
Beans, string, 48 bushels,	43 69
Beans, shell, 2 bushels,	2 00
Beet tops, 3 barrels,	1 50
Bones, 3,536 pounds,	17 88
Amount carried forward,	$730 86

Amount brought forward,	$730 86
Cash for drawing coal,	44 00
Currants, 1,053 boxes,	105 30
Cucumbers, 291,	5 82
Corn, 2,886 dozen,	254 20
Carrots, 1½ bushels,	1 30
Cabbage, 563 barrels,	953 90
Cauliflower, 98 heads,	13 80
Celery, 190 dozen bunches,	317 13
Chicken, 64 pounds,	12 05
Cider, 110 gallons,	11 10
Egg plant, 221,	21 15
Eggs, 55 dozen,	11 75
Honey, 14 pounds,	2 10
Hay, 46,910 pounds,	398 03
Hides, 3,	9 00
Horseradish, 95 pounds,	7 60
Ice, cut, 100 tons,	25 00
Kale, 38 barrels,	36 00
Live stock sold,	604 75
Lettuce, 582 dozen,	211 83
Milk, 322,285 quarts,	12,891 40
Melons, 273,	48 00
Oats, 300 bushels,	102 00
Onions, 437 bushels,	329 13
Parsley, 3½ bushels,	3 50
Pears, 1 bushel,	1 50
Potatoes, 746 bushels,	470 00
Peas, 72 bushels,	192 00
Pork, 25,053 pounds,	1,344 33
Parsnips, 48 bushels,	70 20
Plants,	11 30
Pickle cucumbers, 82 bushels,	163 00
Rye, 4 bushels,	2 40
Radish, 621 dozen,	81 00
Rhubarb, 8,331 pounds,	138 79
Raspberries, 2 boxes,	30
Straw, 5 tons,	50 00
Sand,	9 00
Amount carried forward,	$19,684 52

Amount brought forward,	$19,684 52
Strawberries, 512 boxes,	51 20
Squash, summer, 323,	12 92
Squash, winter, 56,500 pounds,	641 50
Swiss chard, 41 bushels,	16 40
Spinach, 189 bushels,	84 75
Sage, 2½ bushels,	2 50
Sprouts, 3 bushels,	3 25
Turnips, 422 bushels,	169 65
Tomatoes, 556 bushels,	286 05
Tomatoes, green, 18 bushels,	7 20
Wheels, four,	10 00
Wood,	15 00
Cash for 214 pounds fowl,	32 10
	$21,017 04

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